



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Child Development Program Training Tracking Chart 90-Day Requirements

1. Program Name: _____
3. Center Director/On-Site Administrator: _____

2. License No.: _____
4. License Period: _____
Start: _____ Expiration: _____

5. Employee's Name	6. Job Title	7. Employee Start Date	8. Total Hours	Developmentally appropriate programming	Prevention and control of infectious diseases	Administration of medication	Prevention and response to food allergies	Building and physical premises safety	Storage of hazardous materials and bio-contaminants	Precautions in transporting children, if applicable	Other	Other Core Knowledge Areas
9. Total												

I hereby certify that all information provided on this document is factual and correct. In the event that any information is falsified for any reason, it could result in regulatory action up to, and including, the termination of the child care facility license for this facility.

Center Director/On-Site Administrator Signature: _____ Title: _____ Date: _____